L16000105O7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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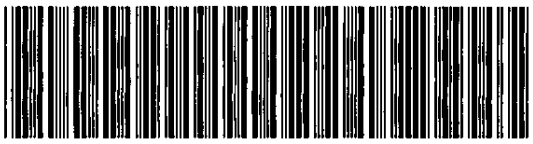

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09/13/16--01006--011 **25.00

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2016 SEP 12 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 SEP 26 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
SEP 30 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2016

2016 SEP 26 PM 4:51
TALLAHASSEE, FLORIDA

MAXIMO FLAVIANI DI BENIGNO
12250 MENTA STREET STE 202
ORLANDO, FL 32837

SUBJECT: GENERAL AUTOPARTS SOLUTIONS LLC
Ref. Number: L16000010507

We have received your document for GENERAL AUTOPARTS SOLUTIONS LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

#4 of application is incomplete.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 516A00019503

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16 SEP 26 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENERAL AUTOPARTS SOLUTIONS LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAXIMO FLAVIANI DI BENIGNO
(Name of Person)

GENERAL AUTOPARTS SOLUTIONS LLC
(Firm/Company)

12250 MENTA STREET STE 202
(Address)

ORLANDO, FL 32837
(City/State and Zip Code)

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16 SEP 26 PM 1:41
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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MAXIMO FLAVIANI DI BENIGNO at (786) 832-8208
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee and Certificate of Dissolution

☐ $55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
GENERAL AUTOPARTS SOLUTIONS LLC

2. The Articles of Organization were filed on 01/14/2016 and assigned

document number L16000010507

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
went out of business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

M. Flaviani
Signature

MAXIMO FLAVIANI DI BENIGNO
Printed Name

FILING FEE: $25.00

FILED
16 SEP 26 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA